“Medecines du Monde d’Egypte”
“Mental Health Project upon most at-risk Populations”
Vs.
“The Mental Health Community in Egypt”

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Abbreviations:

Human Development Index: HDI
Human Development Report: HDR
Medecins du Monde: MdM
Medecins sans Frontieres: MSF
Mental Health: MH
Ministry of Social Solidarity: MOSS
Ministry of Health & Population: MoHP
Swiss Development Cooperation: SDC
World Health Organization: WHO
United Nations Children Fund: UNICEF
United Nations Office on Drugs & Crime: UNODC
United Nations Higher Commissioner for Refugees: UNHCR
United Nations Women: UN Women
United Nations Populations Fund: UNFPA
International Organization for Migration: IOM
Primary Health Care Centers: PHCCs
Target Group: TG
Acquired Immune Deficiency Syndrome: AIDS
Children in Street Situations: CSS
Cognitive Behavioral Therapy: CBT
Human Immunodeficiency Virus: HIV
Internally Displaced People: IDP
Information Education Communication: IEC
Key Performance Indicators: KPIs
Mental Health Gap: MhGap
People Who Inject Drugs (PWID)
Sexual Gender Based Violence: SGBV
Violence against women: VAW

Target Groups[1]:

Women Victims of violence: includes the mental, the psychological, the sexual and the financial violence, that perpetuates with other forms mental disorders that affect the regular human behavior and might have other implications for the women's future health decisions including pregnancy.

Street Children: this phenomenon includes unlimited types of dangers over the kids' survival; from the drug abuse, violence acts, besides the dangers coming over the street girls; where they perceive matters of low self-esteem, the post-traumatic disorders, anxiety, depression and self-hurt acts.

People with disabilities: where the lack of any medical guidance prevails, the people with different disabilities suffer the stigmatized image by the society, and the conditional chances of survival.

People with HIV/AIDs: these people suffer the effects of the AIDs physically, and the over-all mental effects coming with the fact; that they shall be ashamed of the kind of disease they hold because of the social pressures coming through it later. When they lack the support of the close friends or relatives, this causes them usually depression and anxiety phases due to the psychological suffering.

Refugees/Displaced people: in which we target those who've been a target for local conflicts, strife or any political instability in their home countries, and also those who got displaced unwillingly inside Egypt's borders.

[1] Definitions of the main target groups used by the "Doctors of the World Organization in Egypt", the Mental Health Care Manual.

Acknowledgement:

The fact that we've encountered the harsh economic and social conditions since the 25th of January revolution in 2011 and that we've tackled the dilemma of the national overload for the public service that has captured a great part of the Egyptian society from the south to the north. The health service offered was not that far away from the dear implications of the clear decline in the public service dominated the scene, from the scale of the health service offered to the quality on demand. Many social activists tried to tackle before the massive repercussions to the lack of the national strategic planning to the most in-need public services like the health and the educational services. However, most of the near to be seen outcomes were always vague, and there's no clear indication or any numbers available about the current needs of each the major health service umbrella, besides there's no clear indication about the governmental health service capacities or facilities.

The question should be asked then; is whom to blame, or who to take the responsibility, let's take for example the state of violence against women in Egypt, as one of the major Arab countries that counts for more than 90.000.000 citizen and nearly the half of society is women. Where violence is prevailed, not to forget the lack of any health awareness basics, added to that the state of violence that's on the rise for the most recent years that has been always justified to other forms of miscommunication between a half of the society and the other.

This is one of the major mental health problems that were always translated into other forms of societal challenges, as if it

is only a matter of time, or a matter of economic conditions. Where it came across the fact that half of the society shall be controlled and the other shall control. Not a matter of feminism, however, it has been stated a part of the international convention on human rights since the 1950s; that any form of discrimination against women, shall be tackled by the local governments who signed the international convention, through the legislative entity.

Preface

Many thanks in this paper research is given to the Medecins du Monde (MdM) staff team, who always proved the dear intention to tackle the main health issues they're dealing with, especially in this project for the Mental Health service access by most-at-risk population in Greater Cairo and Giza.

Thanks to Clara Di Dio, who always showed the highly flexible work manner to tackle any obstacle ongoing through the project's phases, besides her always busy attitude with the Ministry of Health in Egypt, to bring a better understanding of the logical framework of the MdM project.

Thanks to Sally Thoma who's been always on demand, giving her medical reviews for our planning and tasks to be implemented.

Thanks to Mohamed Bolteya, for the great field work and supervision, that always brought us a better understanding of the type of challenges we might meet on the grounds.

The theoretical framework:

- The location framework: this paper includes the main target groups of the most-at-risk populations who've been suffering the psychological and the mental health problems all-over Greater Cairo and Giza only.

- The Time-period framework: the paper covers the time period included from January to April 2016. Furthermore, the most recent achievements of the mental health field all-over Greater Cairo & Giza shall be included from the different timed previously available resources.

- The research methodology: this paper shall depend on the most recent quantitative data available about the mental health field in Egypt and abroad to bring a more comprehensive understanding of what has been achieved and what is still to be covered on the long-term.

-The comparative methodology: to compare the available data inside and outside Egypt over the different time periods till

March 2016, over the different places and over the different phases & levels of the project.

- The rationale & the human rights approaches: to measure how far the most cost-effective measures were included;

1. depending on the level of risks for each MH issue,
2. the effect of the intervention level,
3. the number of the disadvantaged areas covered,
4. the number of the health specialists trained according to their experiences,
5. the projects' sustainable goals,
6. the conversion rate based on how many NGOs & PHCs staff workers were trained, supported with a supervision, and
7. How many of them are transferring the experience to others…etc).

-How far the most human rights' approaches were included like the (Age, Gender, and diversity) AGD approach.

Introduction:

The main aims of the Medecins du Monde project was to include the mental health service in the primary health care centers all-over Greater Cairo & Giza; by integrating the MH concept in the main PHCCs, upgrading the referral system, , upgrading the MH counseling tools inside the PHCCs, integrating the social workers in the project's phases from giving training to spreading awareness and also building a supervision tunnel. So that we can see the whole project's cycle presented, and finally bringing the most advanced add-ins clinical tools to the health specialists inside the PHCCs.

- Starting with the national census[2] on the population allover Greater Cairo & Giza:

Governorate:	**Census of Population:**
Greater Cairo	9.475.922
Giza	7.797.234

- Although the health care spending by the government declined by around 5 % from the public spending in 2001-2 to around 4.3 % in 2008-9,

- The rate of change in the costs of the public health services offered by the government has got a 31 % rise from 2014 to 2015[3]:

September 2014	**September 2015**
285.000.000 EGP	374.000.000 EGP

- Numbers of the available Health specialists according to (WHO, 2012) country report, per (1000 of population):

Health Specialization	**Numbers**
Physicians	8 per 1000 population
Nurses & Midwives	4 per 1000 population

Note: The distribution of the skilled health care specialists all-over Egypt is in-adequate, as well as, the rate of the nursing service in 2010:
- As an example in Upper Egypt is averaged 1.5 nurses per the health unit compared to the Delta which is 29 nurses per the health care unit.
- The human development index upon Egypt in 2014: (based on life expectancy, literacy, education, standards of living, quality of life):

Country	**Rank**
Egypt	108 out of 188 reported

[2] The Population census last updated 18th of February 2016.
[3] This is according to the government annual fiscal planning for the health service budget.

	countries
Human Development Index (HDI)	0.69 (Middle average)

Note: Egypt was 112 ranking on the HDI in 2012 and declined to 108 in 2014 according to the United Nations Development Program report.

The Mental Health Situation:

The General Secretariat on Mental Health	**Research Outcomes**
Human Resources through public hospitals	332 psychiatrists & 356 (psychologists & social workers) in 2011

Note:

1. Keep in mind, that only 2% of the public expenditure on health goes to mental health services, while 59 % of this portion is spent only on mental health public hospitals based in big cities like Cairo, with a capacity of 6,000 beds. (EIPR, 2008).
2. While in 2014, SYPE survey estimated 1.9 % of the urban living citizens who referred to a family history of mental illness, while 0.7 % in Lower Egypt, 0.6 % in Upper Egypt referred to the same family history.
3. Accordingly, 20.8 % referred that their mothers had history of mental illness, 20.5 % who said their siblings had history of mental illness, and 15.7 % declined to answer.
4. According to (WHO), a study in 2006 in the Middle East; referred to a mhGap for 95 % in treating mental illnesses like depression, while 80 % in the case of schizophrenia and between 60-98 % for epilepsy.
5. According to (WHO), a study in 2006 in the Middle East; referred to a mhGap for 95 % in treating mental illnesses like depression, while 80 % in the case of schizophrenia and between 60-98 % for epilepsy.
6. While in 2004, another study found that the occupancy within the five mental health hospitals (Abbasya, Khanka,

Heliopolis, Helwan & Ma'moura) reached 80 % by patients that were estimated to be around 23,047.

General Indicators about the quality of life in Egypt:

According to a study was done on the age (18-29) in 2014 by SYPE:

Egyptian Context	Males %	Females %
1) Uncertainty about the future (highly uncertain)	39.3	9.3
2) People who don't feel happy in Egypt	26.5	8.1
3) People who find difficulties in enjoying daily activities	26.7	7.5
4) People who are not playing a useful part in life	26.4	7.6
5) People who feel they are worthless	27.2	8.1

Chapter 1: The Mental Health Status in Egypt:

- The Most recent percentages for the target groups:

Target Group	Numbers
1. Street Children	- According to the National Institute on social & criminological research in Egypt, the street kids are 3 million. (Al Ahram Journal, 2011) - According to FACE Children organization there's: 300.000 To 1.5 million of street children. (Face, 2014) - Another study conducted by UNODC: on street children in Egypt & estimated about 17,228 from (1995-99) - However, the MdM in 2009-11 findings figured out an average of (10,000 to 1,000,000 street children). - While FACE org. managed

	already to serve 30,000 street children since 2003 till 2014.
2. Victims of violence (women, kids)	- A study conducted by UNODC: from (1995-99) on: 8074 of the street kids in (Cairo & Alex) and showed that 5.2 % were exposed to violence before leaving family house. - The same study interviewed 102 kids and found the most of them left family home because of any sort of abuse for about 82 % of the kids. - From 2009 to 2014 a study by SYPE; young girls aged 13-17 found a slight increase in sexual harassment from 46, 4 % to 49.5 %. (SYPE, 2014). - While according to another survey; mental disorders among females were likely 3 times higher than males, showing signs of mental disorders. 10.5 % to 3.5 % respectively. (SYPE, 2014).
3. Disabled people	- 35 % of those responded to SYPE surveys done upon the (13-35) age said that their chronic disease or disability prevented them from performing their regular responsibilities like getting married. - While 69.4 % have never worked (SYPE, 2014).

4. **People with HIV**	- In the period 2010-2012 estimated alone by the Heliopolis private hospital that 2 % of drug addicts were HIV positive. (GSMH, 2012) -In 2013, the total number of cases were estimated to be 6500, and the number of discovered cased were only doubled than previous year. (UNAIDS, 2013)
5. **Refugees and displaced cases (internally & externally**)	-According to the UNHCR there's a 0 % Of Internally Displaced People in 2015[4]. - 107.000 external refugee in Egypt (Estimated to be by December 2016)

Part 1: The Mental Health Developments in Egypt with Numbers:

- In-detailed clarification of the target groups:

Street Kids' Categorizations	**Numbers:**
1) Street Children	
2) Child Labor (5-14) years old	- 9.3 % of the total children in this age criteria. [6]

[4] UNHCR. Egypt. 2015. **Country Operations**. Retrieved from: http://www.unhcr.org/pages/49e486356.html

	- In 2009, SYPE surveyed children in the age criteria (10-14) said they never attended school by 7 % because their father wouldn't agree, while 9 % said they had to go to work, 43 % said their families wouldn't afford it, and 28 % said that both parents didn't agree on sending them to school. - According to FACE org: there's a rise in the number of street working children from 2011 to 2013 by 11.4 %, due to the economic conditions. - As well, there's an increase in the street families by 3.2 % from 2012 to 2013.
3) Dismissed from School or employment (15-24) years old	27.9 % of the total children in Egypt at this age criteria. [7] - UNICEF estimated that 14.7 % of all the poor children do not usually go to school (UNICEF, 2013) -While UNODC estimated study in 1999: found that 70 % of street kids were (dropped/dismissed) from school, while the rest 30 % never been enrolled in school.

[5] El Menshawy, Reem. 2015. The role of NGOin addressing the street children in Egypt. Retrieved from: http://dar.aucegypt.edu/bitstream/handle/10526/4588/Reem%20Egypt%20NGOs%20Street%20Children.Final.18-01-15.pdf?sequence=1

[6] According to the UNDP Human Development Report for 2015.

[7] According to the UNDP Human Development Report for 2015.

	- With SYPE, 2010 interviewed (15,029): estimated that 3.4 % of males never been to school, and 13.5 % of the females never did the same. -Another percentage by (SYPE, 2009) stated that 3 % of those aged (10-14) who left school did so, because of not doing so well. And this usually goes back to the parents' level of education that's poor. - And another 5 % of kids referred to absenteeism from school because of family problems, while 1% has problems with their teachers, another 1 % have problems with other students. -In the same stance, only 7 % of the poorest families, 7 % offered help to their kids with their school work. (SYPE, 2014).
4) Street Kids Re-enrolled in School	NA
5) Street Kids with one of the parents only (because of death, divorce, separated with unknown reason)	- A study by UNODC in (1995-99) showed that the out of the 8074 studied street kids in (Cairo & Alex), there were 16.5 % exposed to delinquency. - While other percentage shows 1.1 % out of them with no permanent place to live, and

	4.4 % with no legal guardian.
6) Street Kids with any form of abuse (sexual acts, smoking, drugs, harmful tools)	- 150.000 of street kids are on substance abuse (Al Aram journal, 2011) -- Included in the UNAIDS interviews on 200 females & 200 males street kids, (in 2010) 7 % of boys were injected with drugs, 2 % of girls were done the same. - According to Cairo Medical College, Cairo alone is estimated with a total of 7 % out of the population are drug abusers, which's higher than the world's average that is 5 %. - In 2010, Egypt's spending on drugs reached 3.9 billion $ (CAPMAS, 2010). -A study conducted by the MoH estimated on a group of drug abusers that 4.2 % of those badly affected by this group, are kids. (2010-12) - Another report in 2007, estimated that among the (6.000.000) drug abusers the majority of them are in the age range of (15-25) years old. (NARCONON, 2005) - While UNAIDS interviewed 200 female and another group of male street kids with the same number, reportedly 7.7 % of boys sell sex for money, while 50 % of girls sell sex for

	the same reason. (2010) - While 11.5 % of boys were forced to sex, 30 % of the girls were forced for the same reason. - In 2006-08 MdM held (2681 questionnaires) upon the street kids attending child day care centers 12 % referred to having wounds and being traumatized.

Women's Categorization	**Numbers**
1) Women with recognized national IDs	
2) literacy among women (secondary education)	- Estimated to be43.9 % Among women in Egypt. [8] - While 43 % of women living in rural upper Egypt had no previous formal education. - 18 % of lower Egypt women had no formal education.
3) Divorced women (affording a family)	
4) Working Women	-23.7 % of the total women population, while, male participation in the workforce reached 74 % in 2011. (MDGs, 2011). -According to SYPE, 2014; only 39.9 % of the working women in the age range (15-35) in the private sector hold contracts that guarantee their rights.

[8] According to the UNDP Human Development Report for 2015.

	-Another study found, Women get paid 34 % less than men per hour in the private sector. (ENID, 2015) In 2014, the age range (15-29) SYPE stated that: 29.5 % of the working women in the private sector receive a very exhaustive work load. - While 8.9 % find annoyance from their colleagues, or harassment from their supervisors. - A study was done upon working & married women in 2012; in the age range (18-34) found that women are meant to work 36 hr/ week besides another 34hr/week for their own family's home needs.
5) Victims of forms of violence (harassment, assault, abuse)	Stigma against women victims of violence was an issue raised by SDC in 2013: - While 40 % of violence against women was justified for arguing with the husband. - 35 % for refusing to have sex with her husband. - 20 % for burning food. According to 2009 study about VAW: - 71.3 % of TV shows surveyed

	contained scenes of domestic violence against women. - While 28.3 % of them contained of sexual harassment against women. (SDC, 2009) - According to UN Women in 2013, 99.3 % of women surveyed admitted to have experienced forms of sexual harassment & assault. - Another international study referred to emotional abuse for interviewed women between 20-75 % (WHO, 2005) - Egypt demographic & Health Survey 2005; referred to nearly half of women aged between 15-49 faced forms of domestic violence; slapped, hitting, kicked. - Between 2011- 2014 there've been 500 survivors of sexual violence crimes that occurred at this time. -In 2013, 93.4 % of the cases got sexually harassed, never sought the help of the policeman available at the scene of the harassment. -While another study in 2014, confirmed by Safe World Org: only less than 52 % of the cases reported they got harassment, who reported it to the police.

	-And even some of these cases reported were for other fake reasons like robbing or mugging, not obviously harassment. -When it comes to Female Genital Mutilation- FGM (still 7 out of 10 parents) surveyed admitted planning to FGM to their future daughters. (SYPE, 2014). - From 2009-to 2014: SYPE stated that young Egyptians in the age range (15-29) supported divorce for women or “Kulh” a judiciary abandonment of the women to her husband by 63.7 % to 71.4 % respectively. Although 63.7 % of responses agreed that still the society don’t show respect to divorced women. While 64.9 % of young people aged (15-29) in 2014 justified to a husband to beat his wife is she talks to another man.

Disabled People	**Numbers**
1) Never enrolled in a rehabilitation program	
2) Enrolled recently in a rehabilitation program	

3) Enrolled in a rehabilitation program and making a developmental progress	
4) Enrolled in a school (disabled kids or normal school)	
5) Enrolled at a place of work (with different positions)	

People with HIV/AIDS	**Numbers**
1) Got infection by a spouse/relative	- Total number of cases from 1990-to 2001 increased by 120 %. -With total of 10,400 overall cases till 2008. - While only 1255 cases were discovered in 2006-9. (UNAIDS/WHO estimation) - 71 % of cases were infected sexually through heterosexual or homosexual acts. -In 2012-3, A mother to child infection represents 1.8 % of reported cases. - HIV among men who has sex with men is about is 5.4 % of the cases, while men who inject drugs are 7.7 % (estimated in 2010). - While a tested group of (3733) young people aged (15-24) years old, 13.5 % were proved positive with HIV. (MoHP, 2010)

	- While in 2010, 46.5 % of (200) male street kids and 16 % of (200) female street kids who responded to UNAIDS interviews, admitted to be sexually active, and these sexual acts include harmful behavior that might cause HIV.
2) Got infection by a medical tool	- In 2010, 18.5 % of cases reported under UNAIDS interviews, happened because of drug injections or any medical treatment.

Refugees & Displaced Cases:	**Numbers**
1) Internally Displaced People (IDP) (social restrictions or shame, economic conditions)	-In 2013 UNAIDS conducted interviews over a group of HIV positive people, while 20 % of the men and 21 % of the women reported that they‘ve had to change their home living places. - While the majority recorded that they lost their jobs because of their HIV status.
2) Displaced Externally (from a foreign country because of internal conflicts, economic conditions or strife)	

Part II: The mental Health Community in Egypt:

1. Intervention Framework:

The Situation in Psychiatric Hospitals:

1. Some of the challenges met by public hospitals on drug abuse: 24 % of drug abusers interviewed in 2011 said they received ineffective therapy
2. Some of the challenges met by private hospitals on drug abuse: A Bigger percentage 37 % of the cases reported they received ineffective therapy in 2011. (GSMH,2011)

Target Groups	Intervention:
1. **Street kids enrollment in a rehabilitant shelter:**	1. In 2015 the government collected 100 Million EGP from a public fund called “Sandok Tahya Misr” “Cheers for Egypt” to rehabilitate street children. 2. And 48 Million EGP is driven by MOSS towards the NGOs supporting street kids. 3. Estimated by an NGO a cost of around 1200-1500 EGP/monthly to the rehabilitation program which includes a 3 daily

	care shifts for street kids (El Menshawy, 2015)
2. Victims of violence (women, kids)	
3. Disabled people	
4. People with HIV	1) 86.8 % of women aged (15-49) would not buy vegetables from a man with HIV. (UNAIDS, 2013). 2) 80.7 % of men aged (15-49) would not buy vegetables from a man with HIV 3) In 1997 a survey conducted under the Adolescence & Social Change in Egypt ORG, a group of (15,029) of young people aged from (15-29) 21.9 % responded that they would shake hands with people with HIV positive, and this percentage even declined over time to reach 17.1 % according to (SYPE,2014).
5. **Refugees and displaced cases (internally & externally**)	1) While Estimated only for protection against SGBV and any form of child abuse (15.898.400$ costs) (120,007,520 Million EGP) [9] 2) Refugees need shelters for around (75.5 Million $ costs) (588.9 Million EGP)

[9] UNHCR. 2016. **Regional Refugee & Resilience Plan 2016**.

2. The Training Activities Done:

1. Since 2010 to 2013, UNICEF reached in Cairo 2,500 children aged (10-18) and 14,000 youth aged (18-24) giving them IEC activities to enhance their understanding of HIV disease.
2. In 2013, UNAIDS with other partners reached around 55 youth ORGs and with beneficiaries of around 60,000 in spreading awareness about HIV/AIDS.
3. UNAIDS in 2012- 2013, trained 73 staff members of Cairo Medical School that resulted in training other 511 included staff & students about HIV related issues like anti-stigma and prevention.
4. **With a conversion rate of:** 1:7 one peer trained, resulted in 7 others received the same training on a time period / 5 months only.

3. The Partnership Activities Done:

1. According to Al Shehab institution, 49 % of sex workers were trained on sexual infections like HIV (2013).
2. By 2015, estimated a 15.5 % of pregnant women with HIV, received anti-retroviral to reduce risk of mother-to-child HIV transmission.
3. In 2012-13 UNODC in a follow-up survey interviewed 535 in Alex only; people who inject drugs (PWID) and 50 % referred to less-HIV risk behaviors,
4. While in 2012 other 4,000 sex workers reached by UNAIDS for the same reason.

4. The Public Outreach Activities Done:

Stigma towards people with HIV studied:

1. UNHCR in 2012-13 started some health awareness sessions that reached (10, 400) beneficiaries. While 1518 of the beneficiaries received assistance in regards to HIV prevention.

Chapter 2: Medecins du Monde d'Egypte:

"Project on Improvement of Access to Mental Health for most-at-risk Populations in Greater Cairo & Giza"

With Medecins du Monde (MdM) background we can say that starting in 2006 to 2008 with estimation in Cairo.

It was planned to include Children in Street Situations (CSS) in the Health Rights Project, when some health services were offered including the physical & the mental health service like:

a) (Health cultural approach and beliefs, Drug addiction, Violence and psycho trauma)

b) And with some health approaches like: innovative approach for clinical psychology (art therapy, debriefing, group therapy, relaxation)
c) With a total expense of: 706,396 Euro budget was set (2009-11).

When it was estimated that the majority of the CSS are in the age range between (5-18) years old and mostly the female group represent 25-30 % of them.

MdM has set the record with CSS in the time period 2009-2011:

1. Intervention Framework:

Direct Beneficiaries: 3600 CSS	**Indirect Beneficiaries: 10, 000 CSS**
Building Capacity	50 NGOs social workers
Building Capacity	10 NGOs Psychologists

Conversion Rate:	**Whom benefited from Who**
Total beneficiaries:	13,600
Total Staff Trained:	60 (Social Workers + Psychologists)
For every NGO social worker got trained	272 CSS/ consulted
For each psychologist got trained	1360 CSS / consulted

Note: The conversion rate: is what we get as a result of certain collected efforts:

A- The results on the staff level were meant to be about improving:

1. registration of the NGOs attending IEC activities
2. the attitude towards the CSS,
3. accessible more health services,
4. And networking through the health providers' community.

B - While the results on the CSS level were meant to be about:

1. The CSS who got surveyed saying they received the health service admitted at this time,
2. How many of CSS were attendant to the health sessions given at NGOs.

These were exactly measured later, in order to define the gap and the progress towards where we're heading to as MdM.

2. The Training Activities done:

1. IEC Activities	10 IEC members got 4 session/yearly	Training sessions for social workers/psychologists at NGOs/ Monthly
2. Networking Scale	Members of the IEC community expected by the end of the project	1 member per each NGO
3. Networking Scale	Number of doctors who registered to the medical network in favor of CSS launched by MDM	20 doctors/ 6 months (40 doctors/ year)
4. Level of Engagement	NGOs Experience Exchange sessions	2 session/ year
5. Level of CSS engagement	IEC sessions: Twice/ 3 months	50 CSS / month (600 CSS per year)

3. The Partnership Activities done:

NGO Partner	**Basma Clinic**	**Notes**
1. Staff training	3 doctors, 2 nurses, 2 social workers Targeted: 20sessions/ 6 months	The turnover of the social workers: not exceeding 100 % over 3years
2. Follow-up upon implementation	Session/ Month	

3. NGOs staff participate in debriefing & monitoring	Once/6 month	
4. Doctors Practice Exchange Meetings	Once/2 month	
5. Level of satisfaction	No. of consulted CSS - Targeted: 100/Month	- However, it was expected to be measured for every 3 months
6. Conversion Rate:	33 CSS consulted/ For every doctor trained	Or 50 CSS/ every nurse trained

4. The Public Outreach Activities done:

1. Awareness Sessions	Non-medical staff
2. Training of Trainers	5 doctors + 5 Nurses /over 18months
3. Training of University Students	Helwan University Social Workers 6th Year of Medical School Cairo Univ
4. Advocacy upon CSS concerned	with Moh, NCCM

Note: the attitudes scales were not defined or therefore, were not measured later.

Part II: The Mental Health Project Outcome:

MdM has committed itself to represent the different kinds of activities through the years 2014-6:

The Intervention Framework:

1. Mental Health services are available and effective in 9 PHC centers in Cairo by 2016:

PHC	AREA	Governorate	Partner NGO in the area	NGO target group
1. El Hosary	6th october (near El Hosary Mosque)	Giza	Banaty	children in street situations
2. Gharb el Matar	Gharb el Matar Embaba	Giza	Banaty	children in street situations
3. Boulaq Centre	Boulaq el Dakror	Giza	Cewla	women victims of violence
4. Haram City PHCU	6th october (near El Hosary Mosque)	Giza	Banaty	children in street situations
5. New	Sayeda	Cairo	Basmat	children with

Tunsi Centre	Nafeesa		Amal	disabilities
6. Abul El Soud Centre	Old Cairo	Cairo	Banaty	children in street situations
7. Ezbet El Haggana	Nasr City East/ Ezbet el Haggana	Cairo	El Shehab	women with HIV/ at risk
8. New Tunsi Centre	Sayeda Nafeesa	Cairo	Basmat Amal	children with disabilities
9. Alqalaa child care center	Sayeda Nafeesa	Cairo	Basmat Amal	children with disabilities

2. Linkages between NGOs & PHCs mapping services are to be offered:

Name Of NGOs	Location Areas	PHC
1. Abna'a Al Ghad **2. Banaty**	Old Cairo and Embaba shelters	Gharb El Matar in Embaba, El-Gayyara and Abu-El So'ud
3. BasmetAmal	SayedaZaynab/ SayedaNafeesa	Zeinhom HCC in SayedaZaynab and el Khalifa
4. Al Shehab	Nasr City, Ezbet El Hagana	Nasr city and Ezbet el Haggana
5. Cewla	Boulaq El Dakroor	Boulaq el Dakroor

3. Reaching out the target-group:

Target Group: **Expected for project 2015: (2500 beneficiary)**	**Beneficiaries:** **Reached by Mid-2015: (1000 beneficiary)**
1. Street Kids	230 children in street situations
2. Women Victims of Violence	300 women victims of violence
3. Disabled people	70 children with disabilities
4. People with HIV	400 women exposed to HIV

-One of the Project Goals achieved by: 40 %, and this is about reaching out to the TG.

The Training Activities done:

1. Giving training to the staff of 9 Primary health care centers from Greater Cairo & Giza (between November 2015 to January 2016) on “Stigma against the Mental Health Problems:

-A total of 158 trainees reached by training:

Participants	**Number**
Doctors	59
Nurses	42
Social Workers	33
Others (NGOs staff & Administrators)	24

- While the PHCs training material distributed were:

Type of workshop	Topics related	Numbers
Booklets- PHCs training	1. Managing the mental health cases in the primary health care setting	1 booklet
Booklet	1) Managing health care within the PHCs 2) Stepped care model. 3) ADHD scale 4) CARS 5) Birleson Depression for children 6) BDI for anxiety 7) Panic scale	8 handouts 7 repeated

	8) Raulin for social anxiety 9) Yale OCD scale 10) Stress-self assessment 11) Trauma questionnaire 12) Psychopathic 13) Managing Emotions 14) ASSIST 15) Columbia Suicide Severity Scale	
Handouts- PHCs training	1) Problem solving 2) Mood intolerance for addicts 3) Cycles of addictive behaviors 4) 12 step program 5) Couple Therapy 6) Group therapy 7) Psychopharmacology 8) Referral sheets 9) Documenting follow-up	9 handouts 13 other repeated handouts
PHC lectures	1) Anti-stigma 2) Psychosis 3) Suicide & self-harm 4) Epilepsy 5) Addiction 6) Dementia 7) Clinical medications 8) MhGap 9) Adolescents & addiction	64 repeated 9 handouts
PHC Tasks	1) Tasks assignment	1 paper

assignment		
Total	28 handouts	

- While the attitude ranged from the negative to the positive one accordingly:

The Negative Attitude	**The Positive attitude**
1. Showing conservative attitude to some topics being discussed in the beginning	1. Keen on learning how to change attitude through the society and the media channels
2. Not liking the idea of sharing a training session with other staff level like; (the doctor & the nurse together)	2. Keen on interacting together after the training mode proved effective & opened to all
3. Not knowing anything about the topic referred: to as stigmatizing against mental disorders	3. The training background contained the different staff levels from(the doctor, the nurse to the social worker & the psychologist)
4. Not being responsive according to the training different stages	

- While the Participants' feedback for the PHCs training came as follow:

The 3 main skills you acquired by attending the training?	%	Notes
1) Patients' diagnosis for mental disorders (dementia, self-distraction…):	51 %	A fine number of attendees said they now better understand how to hold any diagnosis for MH.
2) Gaining confidence in handling the mental	8.1 %	Another number of the trainees said it is a matter of confidence now, as they'd like to handle MH

health issues:		issues more than before.
3) How to build public awareness about mental health issues (anti-stigma…)	8.5 %	Another part of the trainees mainly liked the anti-stigma part of the training.
4) Networking & building relationships with other specialized staff in the field:	7.6 %	Some believe it was a good chance to build their network to handle MH issues
5) Team Work Skills:	8.5 %	Some others believe that they managed to develop their team-work skills during the days of the training.
6) The Style of training (how to give training to others…):	4 %	Another percentage of the trainees believe they can even start giving training about the MH issues to others, after the training.
7) Getting exposed to common mental illnesses like (addiction, epilepsy):	7.6 %	Some of the trainees are happy now they know about these illnesses.
8) System-of-referral to each mentally disordered case:	6.8 %	Some believe they can use it now than before.
9) The different treatments offered for each mentally disordered case:	28 %	Many trainees know better now about the treatments could be given to any case
10) Cognitive	12	Some believe they now know a

Behavioral Therapy Skills:	%	sort about CBT after the training.
11) Child's psychiatry:	2.2 %	Only few number of the trainees know better now about it, because of the training.
12) Elderly psychiatry:	1.8 %	Only few started to know about it too after the training.
13) Protecting the patients' privacy during any treatments:	0.9 %	As well, very few know about it after the training.

2. **Informative Educational Communicative (IEC) training: from the period of August 2015 to December 2015.**

The results were as follow:

Dates	**Topics**	**Participants**	**Feedback**
19-08-2015	IEC Printing activity to raise self esteem	20 CSS from Banaty Shelter	1) The young girls' attitude at this time was positive; however the Banaty NGO team was getting less in number by the end of the activity which placed some pressure on the MdM IEC worker. 2) The activity ended by bringing each girl to print her name or saying what she likes the most about her.
20-08-2015	IEC Printing activity to raise self esteem	20 CSS from Banaty	1. -Activity included each one girl imagination at a certain situation and

		Shelter	who would be accompanying them through to define each one attachment to whom (alone, with a mother or a friend). 2. -Another activity to define each girl self-image whether it is positive or negative, and although some were negative they ended up by painting each one positive description about the one-self on a T-shirt
30-08-2015	Difference between Depression & Manic	16 NGO social workers & Psychologists	1. -Different activities were set together to differentiate upon the participants' feedback over each concept (depression, fear & manic) 2. - However, one of the activities was too long to keep up with upon manic, and suggested to change its method next time.
21-09-2015	Kinds of Violence	19 NGO Social Workers	1) This training included in-writing activity in which each participant wrote his understanding of the different concepts discussed like violence. While some proved they don't know exactly the meaning of each

			concept.

3. Training workshop done with implementations' observation:

"Sexual Violence & Sexual Problems between married couples":

Day of Training Workshop; 10th of September 2015	**Day of Training Implementation:** 10th of September 2015 (this date is to be reconsidered since it is so hard to expect the NGO partner to implement training on the same day, however the date of implementation is recorded on the same day of the training.
Participants: CEWLA & Banaty NGOs staff	**Implementing Partner:** CEWLA NGO staff with their target group
Topics discussed: 1) sexual violence included sexual harassment, homosexuality, 2) stigma against raped girls, 3) Sexual troubles between couples.	**Discussions rose:** 1) The CEWLA social worker insisted on the religious reasoning behind discussing such sexual matters in the society. 2) The target group was interactive and asked many questions about different concepts they heard about like: masturbation, sexual harassment and so forth.
1) **The positive feedback** rounded upon the touching videos showed. 2) However, one case of attendant rejected to talk about sexual problems between couples.	1) **There was some positive feedback** from the target group readiness to share their background about the topics discussed. 2) However, including under-aged children in this session was not welcomed.

4) the number of scientific materials used over the training, workshops over CBT:

Date	Total number of materials	Topics discussed
November 2014	5 handouts	1. What is counseling? 2. Effective counseling 3. Triad instructions 4. Skills used in counseling 5. First Aid mental health supplies
December 2014	3 main handouts	1. Developmental abilities to evaluate mental skills. 2. Case management skills. 3. Biological, social & psychological modeling in handling cases.

Date	Total number of materials	Topics discussed
January 2015	4 handouts (repeated)	1. Developmental abilities to evaluate mental skills. 2. Case management skills. 3. Biological, social & psychological modeling in handling cases. 4. Triad instructions
February 2015	8 handouts	1. Self pressure introduction

		2. Stress-self assessment 3. Adrenalin effect 4. Mapping of anger 5. Decision towards anger 6. Memory of anger 7. Self-care and stress-management 8. Self-awareness & mapping self-care
March 2015	NA	NA
April 2015	5 handouts 1 repeated	1. CBT training skills 2. Self-awareness & mapping self-care 3. Core beliefs about the one-self 4. Noting on self-thoughts 5. What if 6. Relaxation activity
May 2015	NA	NA
June 2015	NA	NA
July 2015	15 handouts	1. Emotions control 2. Moody anger management 3. Pros & Cons for addictive behaviors 4. Eating disorders 5. Personalization images 6. Increasing positive feelings 7. Addictive behavior explained 8. Daily desires 9. Perceptions about addiction 10. Cognitive

		understanding of the main problems 11. Documenting reasons of the problems & the motivation behind 12. Behavior modeling for married couples main struggles. 13. Beck Depression Index 14. Beck Worrying Index 15. CBT main training skills
August 2015	9 handouts	1. Cognitive model of depression 2. Negative cognitive model 3. Behavioral intervention 4. Increasing positive thoughts/behaviors 5. Panic measurement Index 6. Panic attacks 7. Obsessive compulsive disorder 8. Perfectionism/ idealism 9. Controlling inner voices
September 2015	2 handouts 3 repeated	1. Personality disorders 2. Post-traumatic stress disorder 3. Thoughts mapping 4. Behavioral intervention

		5. Categorization/ mapping of the problems.
October 2015	NA	Group therapy topics discussed with no more details NA
November 2015	8 handouts 1 repeated	1. Psychological help do & don't. 2. Assessment interview 3. BDI for depression 4. Berlson depression scale (children) 5. ADHD scale 6. Panic scale 7. Trauma questionnaire 8. Case formulation 9. Treatment planning

Date	**Total number of materials**	**Topics**
January 2016	1 handout	1. Sexual behavior
February 2016	1 handout	1. CBT for youth
March 2016	1 handout	1. CBT for youth 2
Total	62 handouts	

Partnership Activities Done:

1) **Building NGOs Capacities:**

NGO	**Participants**	**Target group**
1. Basmet Amal	12 (10 social workers and 2	Children with disabilities

	psychologists)	
2. Al Shehab	10 social workers	Women exposed to HIV and/or victim of violence and children in street situations
3. Banaty	15 social workers and 1 psychologist	Children in street situation
4. Cewla	15 social workers and psychologist	Women victims of violence
5. Caritas	2 with different background	Multiple target groups (see note)

Total: 54 NGOs staff worker got trained.

2) MdM with NGOs Monthly coordination Meetings to figure out NGOs needs:

Date	Participants	Feedback
October 2014	CELWA, Banaty, Al Shehab, Basmat Amal, Caritas	1) NGOs agreed on their participation with our monitoring framework. 2) The NGOs suggested some changes in the trainings: from changing the instructors to including other research skills in our trainings.
November 2014	CELWA, Banaty, Basmat Amal, Caritas	1) Some requirements were raised: like our referral to a psychiatrist to help one of the NGOs in the cases they deal with 2) Another suggestion was concerning the topics raised

		through one of the trainings that were not reflecting the NGOs needs 3) The NGOs referred to the training skills of the instructors more than once, as they need to be more in control of the flow of the sessions' discussion.
December 2014	CELWA, Banaty, Al Shehab, Basmat Amal, Caritas	1) One of the topics discussed at this time, the cases' management system at the NGOs & how MdM can help in facilitating that. 2) The matter of the monthly NGOs monitoring reports was a matter of concern & commitment.

- **The Commitment level of attendance** for the time-period recorded: for all the NGOS was perfect except for Al Shehab it was 67 %.

- **While the matter of reporting was perfect** for all of them; except for CEWLA it was 67 % as they missed their reporting for December 2014.

Date	**Participants**	**Feedback**
1. January 2015	CELWA, Al Shehab, Basmat Amal, Caritas	1. Basmat Amal NGO referred to her need for a long-term understanding plan for the IEC activities given. **2.** Another issue was raised which was their need to support parents of the target group.
2. February 2015	CELWA, Al Shehab, Basmat Amal, Caritas	1. The matter of how MdM would organize itself upon the trainings given, and the implementation was a matter of discussion. As the

		NGOs mostly want it to be more simplified & organized for them to absorb well.
3. March 2015	CELWA, Banaty, Basmat Amal, Caritas	1. The matter of the training implementation was discussed in one of the NGOS which is CEWLA.As sometimes they don't know from where to start. 2. Besides, they need some time to figure their internal needs, till they prepare the target group for their trainings.
4. July 2015	Al Shehab, Basmat Amal, Banaty	1. The matter of a better case management was discussed again, with the need of MdM help. 2. As well, the staff turn-over.
5. September 2015	CELWA, Banaty, Basmat Amal	1. The matter of the staff turn-over was discussed again. 2. The NGOs referred to their needs for staff support groups.
6. October 2015	CELWA, Basmat Amal	1. The positive feedback about sexual disorders was raised. 2. Besides, some suggestions about the trainings' organization, like the number of the days could be given._
7. November 2015	Banaty, Basmat Amal	1. Some concerns were raised about the MH medications & their sides' effects. 2. The MdM monthly visits follow-up to measure the CBT trainings' effectiveness.._

8. December 2015	CELWA, Banaty, Basmat Amal	1. The matter of NGOS experience exchange was raised.

- **The Commitment level of attendance** for the time-period recorded

1. CEWLA: 85 %
2. Al Shehab: 43 %
3. Banaty: 71 %
4. Caritas: 42 %
5. Basmat Amal: 100 %

- **While the matter of reporting was** for all of them not discussed through the year, and only feedback and concerns were raised through all the coordination meetings.

Date	**Participants**	**Feedback**
January 2016	Al Shehab, Basmat Amal, Banaty	1. The matter of support group was discussed by Banaty NGO. 2. While some other positive feedbacks were raised about the CBT & the PHC trainings given.
February 2016	CELWA, Banaty, Basmat Amal	1. The matter of linking between the NGOs & the PHCs post-training period was raised one more time. 2. The NGOS needs for team work skills trainings. 3. The Referral & internal monitoring system for NGOS was raised.

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